



Image

REC/2871

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 09/735,519             |                |
|   | Filing Date          | December 14, 2000      |                |
|   | First Named Inventor | Jin-seok Lee           |                |
|   | Art Unit             | 2871                   |                |
|   | Examiner Name        | K. Parker              |                |
| Total Number of Pages in This Submission  | 1                    | Attorney Docket Number | 8733.350.00-US |

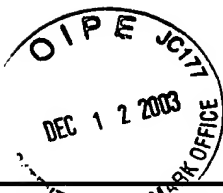
| ENCLOSURES (Check all that apply)  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>Request for Continued Examination (RCE) |
| <div>Remarks</div>   |   |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm or Individual name                    | MCKENNA LONG & ALDRIDGE LLP<br>Valerie Hayes |
| Signature                                  | <i>Valerie Hayes</i>                         |
| Date                                       | December 12, 2003                            |



30827

PATENT TRADEMARK OFFICE



Use in lieu of PTO/SB/17 (08-03)  
(Form updated to reflect FY 2004 fees effective 10/1/03)

| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>   |          | Complete if Known                  |                |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
|---|----------|------------------------------------|----------------|--|--------------------------|-----------------|--------------|----------|----------|----------|----------|--------------------|-----|--------|-----|--------------------|--------------------|------|-----|------|-----|-------------------|--|--------------|-----|-----------------|----------|------------------|----------|----------|------|------|------|--------------------|------------------------|------|-----|------|----|-----------------------------------|------|---------------------|------|-----|---------------------------------------|------|------------------|--|----|--|------|--------------|--|-----------------|----------|----------|----------|----------|----------|--|---------------------|------|----|-------------------------------------|--|------------------|----|------|----|---|--|------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|------|------|------|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--------|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--------|------|-----|------|-----|---|--|---------------------|--|--|--|--|--|-----------------------------------|--|--|--|--|--------------------------|
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div style="display: flex; justify-content: space-between;"><div><b>TOTAL AMOUNT OF PAYMENT</b></div><div><b>(\$)</b> 1,190.00</div></div>   |          | Application Number                 |                |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
|   |          | Filing Date                        |                |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
|   |          | First Named Inventor               |                |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
|   |          | Examiner Name                      |                |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
|   |          | Art Unit                           |                |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
|   |          | 09/735,519                         |                |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
|   |          | December 14, 2000                  |                |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
|   |          | Jin-seok Lee                       |                |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
|   |          | K. Parker                          |                |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
|   |          | 2871                               |                |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
|   |          | 8733.350.00-US                     |                |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| <b>METHOD OF PAYMENT</b> (check all that apply)   |          |                                    |                |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit Card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other    <input type="checkbox"/> None</div><div><input type="checkbox"/> Deposit Account:<br/>Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">50-0911</span><br/>Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">McKenna Long &amp; Aldridge LLP</span></div></div> <div style="margin-top: 5px;"><b>The Director is authorized to:</b> (check all that apply)<br/><input type="checkbox"/> Charge fee(s) indicated below    <input checked="" type="checkbox"/> Credit any overpayments<br/><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br/><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div>  |          |                                    |                |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| <b>FEE CALCULATION</b>  |          | <b>FEE CALCULATION</b> (continued) |                |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| <b>1. BASIC FILING FEE</b> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td><b>(\$)</b> 0.00</td></tr></tbody></table>   |          | Large Entity                       |                | Small Entity   |                          | Fee Description | Fee Paid     | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001               | 770 | 2001   | 385 | Utility filing fee |                    | 1002 | 340 | 2002 | 170 | Design filing fee |  | 1003         | 530 | 2003            | 265      | Plant filing fee |          | 1004     | 770  | 2004 | 385  | Reissue filing fee |                        | 1005 | 160 | 2005 | 80 | Provisional filing fee            |      | <b>SUBTOTAL (1)</b> |      |     |                                       |      | <b>(\$)</b> 0.00 | <b>3. ADDITIONAL FEES</b> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge – late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge – late provisional filing fee or cover sheet.</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td>420.00</td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive – unavoidable</td><td></td></tr><tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive – unintentional</td><td></td></tr><tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr><tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr><tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td>770.00</td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="5">Other fee (specify)</td><td></td></tr><tr><td colspan="5">*Reduced by Basic Filing Fee Paid</td><td><b>SUBTOTAL (3)</b> (\$)</td></tr></tbody></table> |    | Large Entity                                       |      | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051   | 130                 | 2051 | 65 | Surcharge – late filing fee or oath |  | 1052             | 50 | 2052 | 25 | Surcharge – late provisional filing fee or cover sheet. |  | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month | 420.00 | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive – unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive – unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | 770.00 | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  | <b>SUBTOTAL (3)</b> (\$) |
| Large Entity  |          | Small Entity                       |                | Fee Description  | Fee Paid                 |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| Fee Code  | Fee (\$) | Fee Code                           | Fee (\$)       |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1001  | 770      | 2001                               | 385            | Utility filing fee   |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1002  | 340      | 2002                               | 170            | Design filing fee  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1003  | 530      | 2003                               | 265            | Plant filing fee   |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1004  | 770      | 2004                               | 385            | Reissue filing fee   |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1005  | 160      | 2005                               | 80             | Provisional filing fee   |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| <b>SUBTOTAL (1)</b>   |          |                                    |                |  | <b>(\$)</b> 0.00         |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| Large Entity  |          | Small Entity                       |                | Fee Description  | Fee Paid                 |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| Fee Code  | Fee (\$) | Fee Code                           | Fee (\$)       |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1051  | 130      | 2051                               | 65             | Surcharge – late filing fee or oath  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1052  | 50       | 2052                               | 25             | Surcharge – late provisional filing fee or cover sheet.                    |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1053  | 130      | 1053                               | 130            | Non-English specification  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1812  | 2,520    | 1812                               | 2,520          | For filing a request for <i>ex parte</i> reexamination                     |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1804  | 920*     | 1804                               | 920*           | Requesting publication of SIR prior to Examiner action                     |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1805  | 1,840*   | 1805                               | 1,840*         | Requesting publication of SIR after Examiner action                        |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1251  | 110      | 2251                               | 55             | Extension for reply within first month                                     |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1252  | 420      | 2252                               | 210            | Extension for reply within second month                                    | 420.00                   |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1253  | 950      | 2253                               | 475            | Extension for reply within third month                                     |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1254  | 1,480    | 2254                               | 740            | Extension for reply within fourth month                                    |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1255  | 2,010    | 2255                               | 1,005          | Extension for reply within fifth month                                     |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1401  | 330      | 2401                               | 165            | Notice of Appeal   |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1402  | 330      | 2402                               | 165            | Filing a brief in support of an appeal                                     |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1403  | 290      | 2403                               | 145            | Request for oral hearing   |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1451  | 1,510    | 1451                               | 1,510          | Petition to institute a public use proceeding                              |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1452  | 110      | 2452                               | 55             | Petition to revive – unavoidable   |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1453  | 1,330    | 2453                               | 665            | Petition to revive – unintentional   |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1501  | 1,330    | 2501                               | 665            | Utility issue fee (or reissue)   |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1502  | 480      | 2502                               | 240            | Design issue fee   |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1503  | 640      | 2503                               | 320            | Plant issue fee  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1460  | 130      | 1460                               | 130            | Petitions to the Commissioner  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1807  | 50       | 1807                               | 50             | Processing fee under 37 CFR 1.17(q)  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1806  | 180      | 1806                               | 180            | Submission of Information Disclosure Stmt                                  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 8021  | 40       | 8021                               | 40             | Recording each patent assignment per property (times number of properties) |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1809  | 770      | 2809                               | 385            | Filing a submission after final rejection (37 CFR 1.129(a))                |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1810  | 770      | 2810                               | 385            | For each additional invention to be examined (37CFR 1.129(b))              |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1801  | 770      | 2801                               | 385            | Request for Continued Examination (RCE)                                    | 770.00                   |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1802  | 900      | 1802                               | 900            | Request for expedited examination of a design application                  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| Other fee (specify)   |          |                                    |                |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| *Reduced by Basic Filing Fee Paid   |          |                                    |                |  | <b>SUBTOTAL (3)</b> (\$) |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2"></th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total Claims</td><td>37</td><td>-57** =</td><td>x</td><td>= 0.00</td></tr><tr><td>Independent Claims</td><td>2</td><td>-6** =</td><td>x</td><td>= 0.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td></tr></tbody></table> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td></tr><tr><td colspan="5" style="text-align: center;">□□□□</td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td><b>(\$)</b> 0.00</td></tr></tbody></table> <p style="font-size: x-small; margin-top: 5px;">**or number previously paid, if greater; For Reissues, see above</p> |          |                                    |                | Extra Claims   | Fee from below           | Fee Paid        | Total Claims | 37       | -57** =  | x        | = 0.00   | Independent Claims | 2   | -6** = | x   | = 0.00             | Multiple Dependent |      |     |      |     | Large Entity      |  | Small Entity |     | Fee Description | Fee Code | Fee (\$)         | Fee Code | Fee (\$) | 1202 | 18   | 2202 | 9                  | Claims in excess of 20 | 1201 | 86  | 2201 | 43 | Independent claims in excess of 3 | 1203 | 290                 | 2203 | 145 | Multiple dependent claim, if not paid | 1204 | 86               | 2204   | 43 | ** Reissue independent claims over original patent | □□□□ |              |  |                 |          | 1205     | 18       | 2205     | 9        | ** Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2)</b> |      |    |                                     |  | <b>(\$)</b> 0.00 |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
|   |          | Extra Claims                       | Fee from below | Fee Paid   |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| Total Claims  | 37       | -57** =                            | x              | = 0.00   |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| Independent Claims  | 2        | -6** =                             | x              | = 0.00   |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| Multiple Dependent  |          |                                    |                |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| Large Entity  |          | Small Entity                       |                | Fee Description  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| Fee Code  | Fee (\$) | Fee Code                           | Fee (\$)       |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1202  | 18       | 2202                               | 9              | Claims in excess of 20   |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1201  | 86       | 2201                               | 43             | Independent claims in excess of 3  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1203  | 290      | 2203                               | 145            | Multiple dependent claim, if not paid                                      |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1204  | 86       | 2204                               | 43             | ** Reissue independent claims over original patent                         |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| □□□□  |          |                                    |                |  |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| 1205  | 18       | 2205                               | 9              | ** Reissue claims in excess of 20 and over original patent                 |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| <b>SUBTOTAL (2)</b>   |          |                                    |                |  | <b>(\$)</b> 0.00         |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| <b>SUBMITTED BY</b>   |          |                                    |                | (Complete (if applicable))   |                          |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| Name (Print/Type)   |          | Valerie Hayes                      |                | Registration No. (Attorney/Agent)  | 53,005                   |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
| Signature   |          |                                    |                | Telephone  | (202) 496-7564           |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |
|   |          |                                    |                | Date   | December 12, 2003        |                 |              |          |          |          |          |                    |     |        |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |      |      |      |                    |                        |      |     |      |    |                                   |      |                     |      |     |                                       |      |                  |  |    |  |      |              |  |                 |          |          |          |          |          |  |                     |      |    |                                     |  |                  |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |  |                          |